

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 891889173		FILING DATE	
								APPLICANT(S)			
CLAIMS								*	*	*	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		1						51			
2		1		1				52			
3		2		1				53			
4				1				54			
5		1		1				55			
6		1		1				56			
7		1		1				57			
8		1		1				58			
9		1		1				59			
10		1		1				60			
11		1		1				61			
12		1		1				62			
13		1		1				63			
14		1		1				64			
15		1		1				65			
16		1		1				66			
17	1		1					67			
18								68			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	2		2					TOTAL IND.			
TOTAL DEP.	11		15					TOTAL DEP.			
TOTAL CLAIMS	12		17					TOTAL CLAIMS			